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EDITORIAL

THE VENEREAL DISEASE CONTACT

It is now two years since the public health anti-venereal legislative measure known as Regulation 33B came into action. At the time of the introduction of this addition to the Defence Regulations it was thought by many of those persons interested that its scope, which was necessarily limited in application, would be even more restricted in actual operative power. There now seems to be little doubt that this foreboding was justified. The references in the Houses of Parliament to the results of the operation of Regulation 33B have made it clear that, whereas the number of cases in which a first notification under this regulation has been made is large, the number of cases in which the essential second notification has been made is woefully small; consequently the regulation as designed has proved operable against a meagre number only of the infected persons.

This limitation was very soon realized by the more enlightened authorities and dissatisfaction felt by them translated into action. Tentative attempts to make an approach to contacts unofficially—as far as Regulation 33B was concerned—after the first occasion on which their names were notified were slowly and cautiously begun by some of these authorities.

Considerable encouragement was given to such attempts to trace contacts by voluntary methods by the example of the notable achievements of a small team of American Public Health Nurses in garnering the female contacts of American soldiers and airmen in this country. The speedy and highly successful results of their friendly and efficient method of contact tracing have elicited the admiration of all those who have carried on the task begun by those able workers.

It has become clear that much can be done without waiting for the full formalities of Regulation 33B. In the following pages readers will find accounts of the technique and results of tracing contacts, which are of considerable interest and which portray an important advance in our methods of venereal disease control.

The Tyneside Scheme in Venereal Disease Control has already created a widespread interest. Its aims and results are embodied in a report on “an experiment in contact tracing and an investigation into social conditions”, which is reproduced in these columns (see p. 26). A more personal account of the difficulties of dealing with contacts in the Tyneside area, which was read by Miss Johns at a recent meeting of the Medical Society for the Study of Venereal Diseases, is also included.

Efforts in contact tracing in London are fraught with the many disadvantages of a large city which bears a floating population of considerable size. How successfully these difficulties have been dealt with is discussed in this same number of the *Journal* by Miss Wailes, Social Worker to the London County Council.

The three articles by British social workers and the official report, together with an account by Dr. J. A. Scott of the organization of anti-venereal measures in the Soviet Union, constitute a valuable symposium on the important social aspect of venereal disease control.